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## CLINICS.

### CLINICAL LECTURES.

*Clinical Lecture on the Diet of Childbed.*—By GRAILY HEWITT, M.D., Physician to the British Lying-in Hospital; Lecturer on Midwifery, &c. at St. Mary's Hospital.

GENTLEMEN: The importance of the subject which I now propose to discuss—the dietary proper for a patient during the puerperal state—is, I believe, hardly to be over-estimated. The various accidents and disorders incident to the puerperal state are, as I shall endeavour to show you, very intimately dependent on conditions over which a judiciously contrived dietary exercises a marked control. The principles which guide us in the selection of remedies for those disorders are identical with those on which we rely in laying down regulations for the diet and regimen of the patient, and in the determination of this question are involved many points of vital interest in the pathology and treatment of puerperal

diseases. The "diet" which is best adapted for a woman after parturition is that which will best secure her from becoming affected with the diseases incidental to that period; and no one who has witnessed the terrible rapidity with which these affections not unfrequently overwhelm the unfortunate subjects of them, will be disposed to consider anything unimportant which has a bearing on their prevention.

The subject of the diet of childbed is one which has been of late forcing itself on professional attention; and I have been long impressed with the necessity for a revision of the rules laid down in the various text books on midwifery relating to the diet and management of women during the puerperal state, based upon a reconsideration as to the correctness of the principles on which those rules have been constructed. On July 9th, 1863, I read a paper on this subject at the annual meeting of the South Midland Branch of the British Medical Association, held at Peterborough. In this paper, which was

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not at the time published, I expressed very strongly my dissent from the teaching which has been prevalent on the matter in question, and recommended the adoption of rules, as I conceived, more rational, and better adapted to the end we all have in view—namely, the preservation of the puerperal patient from sickness and disease. I have the satisfaction of being able to state that the present respected President of the Obstetrical Society, Dr. Oldham, in his address at the annual meeting of the Society in January, 1864, expressed himself on this very subject in terms almost identical with those used a few months previously by myself at Peterborough.

The text-books most generally in use are those of Dr. Churchill, Dr. Ramsbotham, and Dr. Tyler Smith. The principles laid down in these works in reference to the diet of the patient during childbed are to be gathered from the following quotations.

Dr. Churchill says, in reference to the diet: "Excess, by inducing feverishness, may retard the convalescence. The patient should be confined to slops—gruel, panada, arrowroot, milk, whey, weak tea, &c.,—with bread or toast and butter or biscuit for five or six days, when the excitement produced by the secretion of milk has subsided; and if there be no counter-indication, she may take some broth, and on the seventh or eighth day some chicken or a mutton chop, with some wine and water." (4th edit., p. 234.)

Dr. Ramsbotham directs that nothing but tea, toast, or farinaceous food be given until the bowels are freely opened. A little beef-tea or broth is then allowed. To this, in a day or two, a light pudding is to be added; "and in a week she may be allowed a small quantity of solid meat." Stimulants of any kind are forbidden, under ordinary circumstances, until near the end of a fortnight. (p. 151.)

Dr. Tyler Smith says that no solid food should be given until after establishment of full secretion of milk and action of the bowels; but he at the same time adds that "cases sometimes occur in which the exhaustion is so great that animal food and stimulants are required from the first." (p. 319.)

From these quotations it is evident that the principle of practice recommended by these standard authorities is one of low diet from the first: Drs. Churchill and Ramsbo-

tham ordering a low diet for as much as a week after labour has taken place; and Dr. Tyler Smith concurring in the principle of low diet as a rule, but admitting the exceptional necessity for deviation from this rule. The practice is, as I hope to show, wrong and unnatural. Nevertheless, the rules which I have mentioned to you are followed by a majority of practitioners. We have so grown up in the practice that it has hardly seemed to be extraordinary that a woman should be allowed little more than gruel, *ad nauseam*, for a week or more after her labour is over.

Why is it that it has been considered necessary to place a woman recently delivered on a low diet? It was thought that the adoption of a low diet was likely to be the means of preventing puerperal accidents and diseases. This is the principle on which these rules are based. Is this principle true? Are known facts in consonance therewith? I believe the principle to be entirely wrong; I am quite sure that facts do not bear it out—nay, that they distinctly contradict it. Let us consider for a moment what is the condition of a woman directly after delivery. The nervous system is much agitated; she is often much exhausted; her muscular system has been exercised powerfully and to an unwonted extent; she has lost a certain quantity, in many cases a considerable quantity, of blood. The rational treatment of a patient presenting such symptoms would be a restorative one; it would involve (first) rest, and if possible sleep; and (secondly) the administration of such nourishment as would replace what has been lost; and it is obvious that the patient will require food in proportion to the amount of loss sustained. Further, it must not be forgotten that in many cases the patient, although not giving any obvious external sign of weakness or prostration, is nevertheless in a state very closely approaching to one of exhaustion; and this is particularly observed where the constitution has been undermined by rapidly succeeding pregnancies in women who are insufficiently fed and badly cared for. The rational treatment then, I would repeat, is to administer food such as will restore what has been lost; and by "food" I understand whatever tends to support and maintain vital power—animal food especially, combined or not, according to circumstances,

with liquid containing alcohol. So far as the condition of the patient immediately after labour is concerned, there would seem to be no reason for depriving her of such food and restoratives as would be administered under circumstances apart from the parturient state altogether, and with the view of alleviating similar symptoms.

But, it is argued, the patient must be kept on a low diet in order to prevent mischief arising, and to ward off certain evils to which she is liable. A low diet will prevent, it is said, the occurrence of what is called "inflammation." Let us consider these various "inflammatory" conditions liable to arise after parturition, with the view of ascertaining how far they are likely to be prevented, or the reverse, by the adoption of a low diet.

1. *Milk fever*.—This is usually described as an affection which comes on about the third day, when the breasts begin to swell, the pulse rises, and there is a feverish heat of the skin, these symptoms subsiding in the course of twenty-four hours, more or less. From what we read in books, we should conclude that this is a common disorder; but the fact is that it is a very rare disease indeed, so much so that an eminent authority, M. Pejot, of Paris, almost doubts the existence of the affection. As bearing on this question, I may mention that out of the last fifty cases which have been under my care in the British Lying-in Hospital there were only two in which the symptoms present had any resemblance to those of "milk fever." This disorder is, you will perceive, ephemeral; no bad effects result from it. And now an important question arises—Would this disease be observed if the patient were well fed? My own experience has led me to the conclusion that milk fever is less likely to occur when the patient is well fed than under the opposite conditions. In the two cases which I have just mentioned as observed recently by myself there was present a markedly defective state of the nutritive functions, and both patients had been, prior to their admission into the hospital, very indifferently fed. I strongly suspect that "milk fever" is in some cases connected with the practice, prevalent with some nurses, of not putting the child to the breast until one or two days after labour. This practice is one which I believe to be highly improper, and one calculated to lead to the production of sore nipples and milk

abscess. On this point, however, I do not wish to enlarge at this moment. The point to which I wish particularly to call your attention is, that it is very questionable if a low diet tends in any degree to prevent the occurrence of milk fever.

2 We come next to the more serious puerperal diseases—"puerperal peritonitis," *puerperal fever*, *phlegmasia dolens*, &c. With respect to the pathology of these diseases, there is very much more to be said than can be compressed into the short space now at my disposal, and I can only state those conclusions respecting them which may, as I believe, be made a satisfactory basis for the application of therapeutics. It was formerly considered; and the idea is still prevalent to a wide extent, that the essence of these serious puerperal affections was "inflammation." Thus when, two or three days after labour, the patient began to complain of shivering, of pain over the uterine region, when the pulse became frequent, these symptoms were considered to indicate the presence of inflammation of the uterus or of the peritoneum. It is now known, however, although not sufficiently generally admitted, in the first place, that these symptoms frequently indicate the passage of poisonous material into the blood, really a form of pyæmia; and, in the second place, that while mischief of an "inflammatory" kind may be set up in consequence of the introduction of such poison, or in consequence of violence sustained by the uterus during parturition, the best method of combating the inflammation is, not by employing remedies formerly considered anti-inflammatory, such as bleeding, antimony, mercury, administration of low diet, and the like, but by supporting the strength of the patient, and by exhibition of remedies of a soothing and sustaining nature. So, again, in cases of puerperal fever: the condition actually present is a poisoning of the blood, attended with symptoms of extreme depression, in the prevention and treatment of which low diet and lowering agents of whatever kind are, in my opinion, noxious and injurious in the last degree. In *phlegmasia dolens*, another accident of the puerperal state, the essence of the disease being erroneously considered to be "inflammation," it was supposed that a low diet would tend to prevent such inflammation. The word "inflammation" has much to answer for in respect to the injurious

influences it has exercised on the treatment of puerperal diseases. It is responsible for the low-diet system which has so largely prevailed in the lying-in room—a system which, by weakening the patient, has rendered her liable to become a prey to the poisonous influences by which she may be surrounded, and has induced a mode of treating puerperal diseases calculated to neutralize and negative the efforts Nature will always make to overpower and throw out the subtle agent creating mischief within. In the prevention of puerperal fever, the first thing to do is to prevent contact with septic agencies from without; the second, to secure the patient from the operation of septic agencies within. The latter indication is best fulfilled by securing early, good, and permanent contraction of the uterus. A relaxed uterus readily becomes the medium of absorption from the inner surface of the organ through the open extremities of its torn vessels. Perfect contraction of the uterus is, I believe, an almost complete safeguard against introduction of septic matter into the system, and contraction of this kind is best maintained by keeping up the vital powers of the patient, which can only be done by taking care that she is well nourished. Defective contraction of the uterus I have invariably observed to be present at the outset of an attack of puerperal fever.

Modern pathological research has removed phlegmasia dolens from amongst the affections requiring an antiphlogistic treatment and prophylaxis. The substance which fills the hardened vein was formerly believed to be the product of inflammation, but we now know that it results simply from coagulation of the blood. The blood coagulates in the veins; the clot may soften, and become converted into a soft puriform material, which, though looking like pus, is only broken-down fibrin. Phlegmasia dolens may occur in men as well as in women who have not had children, and it is not unfrequently observed in cases of phthisis. Phthisis is, as we all know, not an inflammatory disease, its distinguishing element being defective nutritive power. It has been shown by Professor Humphry, of Cambridge, that this tendency to coagulation in the veins, apart from puerperal influences, is associated with a depressed condition of the vital powers, and he has offered abundant clinical evidence of the

correctness of this statement. Now, in the case of a woman recently delivered, a depressed condition of the vital powers is very far from uncommon. If the uterus does not contract, an unusual quantity of blood remains in its vessels, and there coagulates. The coagulum spreads upwards by extension, and when it reaches the common iliac vein the circulation in the external iliac vein may become stopped at any moment. Undue loss of blood during or after parturition necessarily depresses the system, and facilitates coagulation in the uterine veins, a tendency still further increased by the circumstance that the uterus in such cases does not contract well. That phlegmasia dolens is more often observed after parturition, in cases where much blood has been lost, is a matter of observation; that it has been noticed to have occurred very frequently in cases where the vital powers have been inadequately sustained by nutritive material will become also evident to those who will take the trouble to inquire into the matter. The evidence to be collected, pathological as well as clinical, is all in favour of the proposition that by a generous diet will the tendency to phlegmasia dolens—supposing it to exist—be likely to be counteracted.

If, for the sake of argument, we admit that these puerperal accidents are inflammatory, the utility of a low diet cannot be maintained in face of the great alteration which has come over the professional mind in reference to the treatment of inflammation. The practice of bleeding has very largely gone out; mercury and antimony are far less relied on than formerly. There is certainly much doubt as to their efficacy in these cases. The absolute dietary formerly insisted on has equally fallen into disfavour.

It may be urged that I am arguing on theoretical grounds; but I can state, as the result of very careful personal observation, that the conclusions I have enumerated as to the bad effects of the low diet system in the prevention and treatment of the puerperal diseases alluded to are amply borne out by the facts in my possession. I have also—and this is perhaps more to the point—abundant evidence of the most practical kind of the value of a generous sustaining and supporting diet and regimen, both in cutting short puerperal mischief of the worst kind, and in preventing its occurrence under circumstances most threatening

to the patient. What I have seen of puerperal fever and allied disorders has, indeed, induced me to regard with the utmost horror all remedies of a depressing, lowering character. In the treatment of these affections, large quantities of food and brandy, or an equivalent, I have employed most successfully. It is rational to suppose, and it is consistent with my experience, that this gives a clue to the prophylaxis of these diseases. I say nothing of cleanliness, ventilation, separation from contagious influences, &c.: the necessity for these it must be superfluous for me to expatiate upon.

3. *Puerperal mania* is another affection here to be alluded to in connection with the subject of the diet of childbed. It will be sufficient, perhaps, for me to state in reference to this disease, that a generous diet, with opium in large quantities, and absolute rest, mental and bodily, form the essential elements in the treatment. Here, also, the clue to the prophylaxis is offered by the treatment. The disease generally results from the combined action of excitement and weakness, however induced.

4. *Sudden death during the puerperal state*.—This is an occurrence rare, but of great interest. In the cases which have been investigated the accident has been found to be connected with coagulation in the veins and obstruction to the circulation produced by the coagula in question. This form of death is one of the results of what is now known as "embolism." What I have already said in reference to the circumstances which lead to coagulation within the veins after parturition will enable you to understand why it is to be expected that a low diet will favour the occurrence of this lamentable accident. Apparently the best possible preparation for such a disaster would be to keep the patient on a very low diet, to prevent all motion of the body, thus favouring stagnation of the blood in the great vessels, at the same time neglecting to take precautions to insure uterine contraction.

5. *Protracted convalescence*.—This is, if not a disease, certainly a great evil. That the observance of a rigidly low diet during the period of lying-in does tend to render the convalescence protracted does not admit of a doubt. This has been forcibly stated by Dr. Oldham in his address to the Obstetrical Society to which I have already alluded.

"The precepts laid down in some of the midwifery books," says Dr. Oldham, "for the management of the puerperal state steadily induce a debility in the first fortnight which requires a drawing convalescence in the second fortnight to overcome.

From first to last elements of weakness and nervous disorder are introduced, and the very diseases are invited which they were designed to remove."

We have now considered *seriotim* the chief of the evils which have to be prevented or encountered during childbed, and I think it has been rendered evident that the supposition that a system of low diet is calculated to remedy and prevent these diseases is a mistake. The actual practice of those best informed on these subjects has of late years undergone a very marked change. Dr. Oldham is not alone in his practice of supplying the puerperal patient with food of the best kind and in good quantity from the very moment of her delivery. That the time has come for the adoption, by the profession at large, of a more rational principle of treatment cannot be questioned. And now let me state that the views expressed by the illustrious Denman on the subject of the diet of childbed are in perfect agreement with those for which I have been contending—namely, the impropriety of depriving the puerperal patient of her ordinary food; but his precepts on this point seem to have almost entirely passed out of professional recollection. Denman says: "After seeing and considering much practice and trying various methods, not only immediately after delivery, but through the course of childbed, I am fully persuaded that, laying aside all refined speculations, those patients will fare the best and recover most certainly and speedily by whom the least change from their former habits is made. . . . The general principle of making as little change as possible from their former habits and customs, either in diet or in any other respect, will best satisfy the expectations of the medical attendant" (vol. ii. p. 449).

What I now advocate is a return to these principles of practice. With reference to the particular diet suitable in different cases it is unnecessary that I should enter into any lengthened detail. It is obvious that the quantity of food must be proportioned to the requirements of the patient: one will require meat once, another two or three times, in



the day. As a general rule Denman's advice to make little change in the ordinary diet should be followed; where, however, the labour has been severe or long, where an unusual quantity of blood has been lost, or where the constitution is weakened by previous illness of any kind, stimulants are, in my opinion, almost imperatively required, unless the patient be able to take animal food, eggs, milk, &c., easily and in good quantity. The exhaustion produced by the labour frequently destroys for a short time the appetite for solid food, and at this period it is necessary to administer nutritious liquid food—milk, soup, beef-tea, eggs beaten up with wine or brandy (and a sufficient quantity of the latter)—in order that ground may not be lost.—*Lancet*, Sept. 3, 1864.

*Clinical Lecture on Scarlatina after Operations.* By JAMES PAGET, Esq., F. R. S. (Delivered at St. Bartholomew's Hospital.)—Mr. PAGET, referring, in the course of a clinical lecture, to a case of lithotomy recently under his care in the hospital, said:—

The boy lately operated on for stone had scarlatina; at least, an eruption exactly like that of scarlatina appeared over nearly the whole surface on the day after the operation, with general febrile disturbance. Two days later, it began to fade; and in a few days had disappeared, and left him in about the same state that we may suppose he would have been in if no such illness had occurred. All went on well for a month; the wound was nearly healed; and he was deemed convalescent, when, perhaps in consequence of exposure to cold, he had severe pain in passing urine, and evacuated with it a considerable quantity of blood from the kidneys, and tenacious mucus. Two days after this, he had sore-throat; then an eruption like scarlet fever, again appeared; it continued for three days, and was succeeded by desquamation. The urine in about ten days had gradually regained its natural condition, and he again seemed well. But now whooping-cough set in, and again retarded, though it did not finally prevent, recovery.

If I had never seen a case similar to this, I should have hesitated to call it scarlatina; for the symptoms of the first attack were very incomplete, and those of the second were unusual and disorderly. But I believe the case was really one of scarlatina, modified by the circumstances in which it oc-

curred; and that it may be reckoned with other similar cases in illustration of some interesting general principles.

About this time last year, when scarlatina was very prevalent, I saw six cases after operations in private practice; I have notes of four more that occurred either before or since; and I have heard of many more. By some, these cases may be supposed to have been only casual coincidences of scarlatina with surgical diseases; but, if they were so, we ought to find a proportionate number of cases among surgical patients not operated on. But this does not happen. In private practice, I do not remember to have seen scarlatina supervene in any surgical cases except those in which operations had been performed; and, in hospital practice, I doubt whether it is much more frequent among all the other patients taken together than it is in those who have been operated on. I cannot, therefore, doubt that there is something in the consequences of surgical operations which makes the patients peculiarly susceptible of the influence of the scarlatina poison. And, together with this susceptibility, we may observe that the disease undergoes in them certain modifications, especially in the period of incubation, which is much shortened. In all the ten cases that I have noted, the eruption appeared within a week after the operation; and in eight of them, within three days after it; namely, in two cases, on the first; in three, on the second; and in three, on the third day. Other deviations from the typical course of scarlatina were, that in some of the cases the eruption came out over the whole surface at once, and on the limbs more fully than on the face and chest; in some, there was no sore-throat; in others, no desquamation.

The cases are not numerous enough to determine the import of these variable deviations from the type of scarlatina; but that in which all of them, whether complete or incomplete in other characters, agreed, namely, the very early period after the operation at which the rash appeared, deserves particular notice. It adds to the evidence, that the appearance of scarlatina in some way connected with the early consequences of operations. If it were not so, and if patients after operations had only the same liability as others, there would be no reason why the eruption should appear early, rather than late, after the operation; but, so far as

I have seen, it always appears early—always within the first week.

Two explanations may be offered of this fact. Either the condition induced in a patient by a surgical operation is one that gives a peculiar liability to the reception of an epidemic or contagious morbid poison, and any one of these, being imbibed immediately after the operation, produces its specific effect in much less than the usual period of incubation; or else those who suffer with scarlatina within a few days after operations had previously imbibed the poison, but would not have manifested its effects so soon, if at all, unless their health had been exhausted or disturbed. The second of these explanations appears rather the more probable; for it is in accordance with what has been observed when many persons have been exposed to the contagion of fever, and some have been afterwards exhausted by fatigue or otherwise. These have had fever; while those who rested after exposure have escaped it.

But, whatever explanation may be given, the fact of peculiar liability to scarlatina after operations seems certain, and may be important in relation both to the pathology of the disease and to the risks of surgery. In one of the cases which I have seen, it was fatal; in another, it was followed by fatal pyæmia; and I think it not improbable that, in some cases, deaths occurring with obscure symptoms, within two or three days after operations, have been due to the scarlet fever poison hindered, in some way, from its usual progress.—*British Med. Journ.*, Aug 27, 1864.

#### HOSPITAL NOTES AND GLEANINGS.

*Distended Bladder simulated by an Hydatid Cyst between the Rectum and Bladder; Retention of Urine; Tapping per Rectum.*—The cul-de-sac between the rectum and bladder is sometimes occupied by an hydatid, giving rise occasionally to symptoms which help to a diagnosis. An instance occurred about three years ago in St. Bartholomew's Hospital. In this case, which was under Dr. Farre's care, the cyst extended upwards, being very prominent in the umbilical region, and caused retention of urine, which was drawn off by the catheter; the tumour, however, remained. (*The Lancet*, vol. ii. 1862, p. 476.) The tumour was evacuated by the trocar with success,

and its situation was correctly believed to be in the spot named.

A somewhat similar case is the following, with this difference, that the actual condition revealed at the autopsy was not suspected during life, and Mr. Maunder was surprised that the thin abdominal wall did not afford evidence, by the presence of a sulcus, of the existence of two tumours—the cyst and the bladder: probably the contraction and tightening of the abdominal wall, to protect the inflamed viscera, explain the absence of this sign; but it cannot be always relied upon. In future the inability to feel the bladder with facility by the finger in the rectum—except in cases of very large prostate—will aid the diagnosis, if the catheter cannot be passed. In this instance the error in diagnosis did not lead to an error in the treatment; for in either case this would be similar, but the prognosis necessarily different. The possible occurrence of similar conditions is an argument against tapping the bladder above the pubes.

J. F —, aged twenty-four, of spare habit, was admitted into hospital on the 11th of May last in the following condition: He had an anxious expression of countenance and hicough, and said that he had not passed urine for four days. Had experienced a slight attack of gonorrhœa once; but never any symptoms of stricture. The umbilical and hypogastric regions were occupied by a fluctuating tumour, dull on percussion, the surface of the abdomen being tender to the touch; the pulse small, contracted, weak, and quick; the tongue brown and dry. The finger introduced into the rectum detected with difficulty the supposed distended bladder, and the mucous membrane of the rectum anteriorly in the median line was thrown into a fold or ridge from before backwards, and was tightly stretched. The bladder could not be reached by the catheter. The tumour was tapped per rectum, and its contents, a limpid fluid, to the extent of two or three pints, withdrawn. While this fluid was flowing through the cannula, a fair quantity of rather high-colored urine passed in a full stream per urethram. The patient was apparently the subject of a reducible inguinal hernia of the right side. The symptoms of peritonitis became aggravated, and he expired on the 13th.

The autopsy disclosed acute general peritonitis; a healthy bladder, containing two or three ounces of urine; and between this

viscus and the rectum, and outside the peritoneum, a large and nearly empty cyst, with a small hole in its floor, communicating with the rectum. Hydatid cysts of various sizes were attached here and there to the abdominal viscera; while one cyst, containing a yellow, opaque, oily fluid, represented the supposed reducible inguinal hernia.—*Lancet*, Sept. 24, 1864.

*Spontaneous Rupture of an Ovarian Cyst per Vaginam—Recovery.*—Phæbe H., æt. 30, a widow and farm servant, attended the Torbay Infirmary, as an out-patient, under Dr. Hounsell, October 1, 1863. She has had four children; last six years ago. Miscarried four years ago, and ever since has had pain in right iliac region. She has noticed something like a lump there for at least three years. No menstruation for fourteen months. There is now very distinct enlargement in the right iliac region, extending a little above navel, but hardly transgressing the median line; there is deep-seated fluctuation; the tumour is movable, not attached to abdomen, and is uniformly dull on percussion; fluid does not gravitate. Parietes move slightly, when uterus is dragged down. There is no enlargement of uterus, but the os is patulous.

28th. Tumour sensibly larger. Measures now twenty-eight inches at hypochondrium, thirty-two at umbilicus, and thirty-six at most prominent part of tumour, which is about two inches below navel on right side. There is evidently a large quantity of fluid in the cyst, which appears unilocular.

From this time we lost sight of her, but heard that she continued to increase in size to a great extent; so much that she appeared larger than at nine months of pregnancy. She continued to do her work, though with difficulty, and on February 1 was seen by Dr. Macreight, with a view to her admission into the Infirmary.

Some little delay ensued in making the arrangements for her coming, and whilst at her work, on February 7, "it burst all at once," and quart of water flowed per vaginam. She suddenly became faint, and was placed in bed. Next day they brought her to the Infirmary. Her pulse was then 100, small. Pain and tenderness in abdomen, but not excessive. Tongue moist and pretty clean. Slight hemorrhage, and rather free aqueous discharge per vaginam.

A firm lump can be felt deep down in hypogastric region, rather to right, and connected with the uterus, but evidently not that organ. She was treated by opiates and salines, with carefully regulated diet. Oozing of fluid, slightly sanguineous, continued for several days, and a week after admission there was slight fulness in the anterior wall of vagina, between uterus and bladder, and rather to the right. No aperture could then be detected. The pain and tenderness gradually diminished, and were nearly removed by end of the week. She passed water freely, but not in unusual quantity.

At the end of six weeks she was discharged in good health, able to walk seven or eight miles easily. No tumour could then be felt either externally or per vaginam. The uterus appeared normal, and as perfectly movable as usual.—*Med. Times and Gaz.*, Sept. 3, 1864.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*Ligature of the Subclavian Artery.*—Prof. J. H. ARMSBY, of Albany, has recently performed this operation, to arrest a profuse hemorrhage occurring on the twenty-first day after a gunshot wound in the shoulder. The patient is said to be doing well. This is the second time Dr. A. has performed this operation within a year.

*U. S. Army Medical Museum.*—The editor of the *London Medical Times and Gazette* (No. for Oct. 1, 1864) says, in noticing the Catalogue of this Museum:—

"It is evident that whoever now would be accomplished in military surgery must finish his studies at Washington, and survey in the Army Medical Museum this collection, which owes its existence to the foresight of Surgeon-General Hammond. It contained, in 1863, 1349 specimens of surgical injuries, of pathological changes wrought by the diseases prevalent in the camps, and of missiles and weapons of all kinds, from the arrows of the Sioux Indians to the latest rifle ball or sword bayonet."

*The American Medical Times.*—We regret to see it announced that this ably conducted and useful weekly has been suspended. The reason given for it is



"the enormous use and the constant increase in the cost of everything relating to the publication of a weekly periodical."

**OBITUARY RECORD.**—It is with the deepest regret that we have to record the death, from pulmonary disease, of Dr. WILLIAM PEPPER, late Professor of the Practice of Medicine in the University of Pennsylvania, which sad event occurred on the 15th of October, in the 56th year of his age.

Dr. Pepper has for many years been in very extensive practice, and enjoyed to the fullest extent the love and confidence of his patients; and also the esteem and respect of his professional brethren, who reposed implicit confidence in his discriminating judgment, and were accustomed to seek his counsel in difficult and obscure cases. By the death of Dr. Pepper the profession of our city has lost one of its most eminent and valued associates, the public a skilful and judicious physician, and the students of the University of Pennsylvania an able and enlightened instructor. The College of Physicians and the students of the Medical Department of the University have adopted appropriate resolutions on the occasion.

**College of Physicians.**—At a special meeting of the College of Physicians of Philadelphia, held on Monday, October 17, 1864, the following resolutions were adopted:—

*Resolved*, That the College of Physicians has heard with profound regret the announcement of the death of Dr. WILLIAM PEPPER, who was for nearly thirty years one of its Fellows, and whose virtues as a man, not less than his accomplishments as a physician, ranked him with those who have done most to adorn and elevate the medical profession.

*Resolved*, That the College admired in him a devotion to science and humanity, which prompted him to sacrifice the ease and luxury he might have enjoyed without effort, for a life of unremitting labour in acquiring the knowledge of disease for which he was distinguished, and which eminently fitted him to become a teacher of medicine and a counsellor of his brethren in difficult cases.

*Resolved*, That the College would keep in remembrance his exemplary singleness of purpose, his probity in all his transactions, his accuracy in all his statements, his punctuality in all his engagements, and the

rare modesty which gave a tone to his whole character, as not less honourable to him than as teaching a valuable lesson to themselves and to all physicians who properly estimate the dignity of their office.

*Resolved*, That these resolutions be published in the medical periodicals, and in one or more of the daily papers.

JOHN H. PACKARD, Secretary.

**Medical Class of the University of Pennsylvania.**—At a meeting of the committee appointed by the Medical Class of the University of Pennsylvania, to embody in befitting resolutions their sentiments relative to the decease of the late Professor WILLIAM PEPPER, the following were unanimously adopted:—

*Whereas*, It has pleased Almighty God in His wise providence to remove from our midst our former instructor, Professor William Pepper, therefore,

*Resolved*, That while we bow in humble submission to the will of a just Providence, yet we cannot forbear the expression of our grief that such an untimely termination should have been given to his life of eminent usefulness. That we remember with feelings of appreciation and gratitude his connection with us as a teacher, a friend, and a guide, and that in his death we are called to mourn the departure of a life that should be emulated by all but can be reached by but few.

*Resolved*, That we tender to the family of the deceased our heart-felt sympathies, and that a committee of four be appointed to represent the Class at the funeral.

*Resolved*, That a copy of these resolutions, properly attested, be sent to the family, and, also, that they be submitted to publication.

CHAS. H. THOMAS, Chairman.

GEO. STRAWBRIDGE, Secretary.

THAD. L. LEAVITT,

HENRY M. STILLÉ,

HERBERT M. HOWE,

GEO. T. TOWNSEND,

HORACE WILLIAMS,

Committee.

## FOREIGN INTELLIGENCE.

**Death from Chloroform.**—An inquest has been held at the Bath United Hospital on the body of John Downing, aged fifteen, Mr. R. T. Gore, surgeon of the hospital,

said that the boy was admitted with a crippled leg, which no treatment could benefit. Amputation was resolved on, and on examination of the patient, made especially with reference to the heart's action, there appeared nothing to forbid the use of chloroform. The operation was successfully performed, but signs of failing circulation appeared, and death ensued in about ten minutes. Verdict: Died from the administration of chloroform through misadventure.—*Lancet*, Oct. 8, 1864.

**Resection of the Knee.**—In a late discussion at Lyons on resection of the knee, the following remarks were made. M. Garget said that, from what he could understand, some surgeons, like Mr. Fergusson, were over-fond of resections; whilst others, like Mr. Prescott Hewitt, were declared enemies of the operation. In the wards of the latter gentleman he had seen a patient who had been operated upon by Mr. Fergusson, and set down as a cure. M. Ollier remarked, that such facts were, no doubt, often to be noted in English statistics. The journals employ persons to take notes of interesting cases in hospitals; and, if the patients operated upon live only a week, they are set down on the list of cured. There are in London surgeons like Mr. Paget, who are, as a rule, wholly opposed to resection of the knee—an operation which has been so much abused of late years. We are even told of a patient who went on foot to Mr. Fergusson to be operated upon. M. Delore believed that the operation was very seldom needed. In a vast number of cases, all that is required are general curative agencies and the expectant method. M. Ollier objected to the operation, as a rule, in children; because in them the diseased articulations may be cured without operation, and because of the great shortening of the limb which is produced in these cases. In England, its employment in children is much too frequent.

**Internal Employment of Essence of Turpentine in Headaches of Nervous Women.**

—Prof. TEISSIER, of Lyons, thus describes the kind of cases of nervous headache in which he has found the essence of turpentine to be beneficial. The affection, he says, is a common, but often very severe one, and should not be confounded with ordinary neuralgia, either periodic or irregular, of the

face or cranium, or even with hemicrania. This cephalæa is characterized by a much more fixed and continuous pain in the head, and may last not only several weeks but months, and entire years, without presenting more than rare and slight intermissions. The pain is sometimes dull, sometimes shooting, and sometimes pulsative, occupying only a single point of the head or the whole of the cranium, be accompanied by nausea or even vomiting, and complicated besides with much more serious symptoms, such as vertigo and tendency to syncope, inability to think or to work, despondency, weariness of life, and sometimes numbness in the limbs. It is especially observed in nervous women, with exalted sensibility, of a delicate constitution, somewhat anæmic, and especially hysterical. It often coexists with dysmenorrhœa, amenorrhœa, and also with a tendency to excessive menstruation, although it is sometimes observed in persons of good constitution whose menses are regular. M. Teissier observes that many remedies already exist which are efficacious in this complaint, such as valerian, assafoetida, the ethers, cyanide of potassium, acetonite, &c.; and more particularly those which improve the blood, as chalybeate medicines, and different mineral waters. But these means sometimes fail, and then the essence of turpentine may be employed with advantage; although M. Teissier does not assert that it is infallible in its operation. It has been employed in the same kind of cases by Dr. Graves and by Troussseau; but M. Teissier does not think it necessary to prescribe it in such large doses as those physicians have done. He recommends its use in capsules, given at meal-times, each capsule containing eight drops of the essence.—*Dublin Med. Press*, Aug. 10, 1864, from *Gaz. Méd. de Lyon*.

**Hydrocyanic Acid in Mania.**—A celebrated doctor of mental disease, Dr. MACLEOD, having been led to investigations by the use which has been made of the cherry-laurel water, and of other matters containing cyanogen, in mania, and thinking that their ineffectiveness resulted from their mode of preparation, experimented with prussic acid even in that frequent form of mental aberration, and his attempts were crowned with success. When writers say that there is no therapeutic treatment for mental diseases, and put forward manual labour as the best

thing that could be done, it is necessary to answer these opinions by proofs of the contrary. M. Briere, of Boismont, whose word cannot be suspected of partiality in this matter, has already made protestations against these imprudent assertions, and it would be desirable that all those who think the same would say so. It is for this reason that we give Dr. MacLeod's report.

Out of forty cases which he has experimented upon, there were thirteen of acute mania, and four of chronic mania; two of puerperal mania, and one of intermittent mania; four with epileptiform fits, two of which were accompanied with menstrual derangements; two with hemiplegia; five with general paralysis; one with chronic hydrocephalus. Altogether thirty-four cases of mania, and six with acute or chronic melancholia with over-excitement. Eight of these different cases reported at full length allow us to appreciate their character and their severity.

The preparation that was chosen was constantly Scheele's acid diluted, at a dose of from two to five drops, either in a watery solution internally, or added to thirty drops of water in subcutaneous injections with Wood's syringe.

Beyond this dose accidents might occur, and it is prudent to stop at five drops. If it does not take effect rapidly the dose can be repeated, and if the over-excitement, after having disappeared, reappears, a second dose will surely quiet it. The interval of these repeated doses must vary according to the nature of the case from five to fifteen minutes, as long as it has not produced its effect. It can be of one or two hours when its action wants to be kept up, and then it can be left to the judgment of an intelligent nurse.

In every case this remedy has acted when the natural course of the disease, its etiological effects as well as the diet, the moral treatment, and other causes acting simultaneously with it, have also been considered. Acting on the mind, and consisting principally in the gradual cessation of excitement, with or without sleep, it has never failed, although varying in intensity and in durability according to the case. Therefore it was slower, lighter in mania and acute and chronic melancholia with organic lesions, than in the opposite case, where it was immediate and continuous. It was also instantaneous in the violent fits of epileptiform

and menstrual mania, and in the acute paroxysms of melancholia.

The effect was immediate when, for example, a patient was roaring, jumping, swearing, he became quiet, sat down, and sometimes even fell into a deep sleep, from one to five minutes, after the administration of the remedy; gradual when the paroxysms were diminished, distant, anticipated, and that the patient became more reasonable, sociable, and docile. These mental manifestations having reached a degree evident to everybody, and acknowledged by the patients themselves, are independent of any physical phenomenon. Twice only the pulse became slower, weaker, and slightly irregular, which perhaps was owing to the difficulty of observing it in such cases. The dose having been given too strong in two other cases, it produced coma with adynamia, foam at the mouth, difficulty in breathing, and quick pulse, as before an epileptic fit. Slight headache, with nausea, and a special constriction of the throat, with involuntary incapacity of motion, were felt in other cases a few minutes after having taken the medicine.

In the forty cases in question the effect of the medicine was light, ten times temporary—that is to say, that the amelioration was only for a time without any action on the cause of the disease. The patients ceased to be violent, uneasy, noisy, excited, destructive, became more tractable, and a great deal better inclined for a moral and dietetic treatment. This result has been observed in a case of puerperal mania where the dose of the remedy had been insufficient, and in two cases of acute mania and melancholia where its use was not continued. In three acute manias and one puerperal mania the intensity of the disease soon made it fatal, and in two recent manias the effect, although real, was completed by other means, and a cure was obtained.

Nineteen times the action was more pronounced and permanent, though the disease remained stationary or progressed. Such were the five cases of general paralysis, five chronic manias, and three melancholias, whose acute paroxysms were dissipated by these means. The same way in a case of insanity with great excitement, and four epilepsies, two of which had very prolonged fits under the influence of menstruation, one hysterical mania, and one puerperal mania, in which tranquillity and sleep were obtain-

ed where other means had failed, and two other manias, with hemiplegia and hydrocephalus.

This medicine has, on the contrary, acted a most useful part in the rapid cure of eight cases, six of which were acute manias, and two melancholias. It has therefore great advantages by the rapidity, certainty, and simplicity of its calming effects, the facility of its use, and the absence of any consecutive accidents. Its use is indicated in all cases of mental diseases with over-excitement as an antagonist of this pathological phenomenon, without, however, preventing the simultaneous use of other means of cure. It is thereby superior to baths, opium, and bloodletting, which it is designed to supersede.—*Dub. Med. Press*, May 4, 1864, from *Journ. de Méd. de Bruxelles*.

*Effects of Oil of Wormwood.*—M. Marcé has lately given an account of some experiments, which prove that oil of wormwood, in doses of from three to eight grammes, produces poisonous, but not fatal, effects. Trembling, stupor, and insensibility are produced, with epileptic convulsions and stertorous breathing. The experiments throw some light on the nervous symptoms which follow the excessive use of *absinthe*.—*Brit. Med. Journ.*, Aug. 20, 1864.

*Undiscovered Properties of Mineral Water.*—"It is impossible not to suspect that the wonderful efficacy of some mineral springs, both cold and thermal, in curing diseases which no artificially prepared waters have as yet been able to rival, may be connected with the presence of one or more of these elementary bodies previously unknown, and some of the newly-found ingredients, when procured in large quantities, may furnish medical science with means of combating diseases which have hitherto baffled all human skill."—*Sir Charles Lyell's British Assoc. Address, at Bath Meeting*.

*What Protects the Stomach against its own Secretions.*—This question was discussed some time ago by Dr. PAVY before the Royal Society. He stated that the "living principle," suggested by John Hunter as the protecting agency, did not stand the test of experiment, for it had been shown that the tissues of living animals might be dissolved by the stomach

secretion; the prevailing notion, he observed, that the mucous lining of the organ served as its source of protection, by its susceptibility of constant renewal during life, was equally untenable, for he had found by experiment that a patch of entire mucous membrane might be removed, and food would be afterwards digested in the stomach, without the stomach itself presenting the slightest sign of attack. The view propounded by Dr. Pavy was one dependent on chemical principles. The existence of acidity was an absolutely essential condition for the accomplishment of the act of digestion.

Now, the walls of the stomach being permeated so freely as they are during life by a current of alkaline blood, would render it impossible that their digestive solution could occur. After death, however, the blood being stagnant, there would not be the resistance to the penetration of the digestive menstruum, with the retention of its acid properties, that existed during the occurrence of a circulation, and thus the stomach became attacked, when death took place during the digestive process, notwithstanding it had previously been maintained in so perfect a state of security. Dr. Pavy, in advocating this view, brought forward experiments which showed that digestion of the stomach might be made to take place during life. Whenever the circumstances were such that an acid liquid in the stomach could retain its acid properties whilst tending to permeate the walls of the organ, gastric solution was observed. The question of result resolved itself into degree of power between acidity within the stomach and alkalinity around. It did not appear that the digestion of living frogs' legs and the extremity of a living rabbit's ear, introduced through a fistulous opening into the stomach, offered any valid objection to his view. A portion of living stomach was surrounded by a ligature, digestion was suffered to go on, and it was found that the ligatured portion was digested, the remainder of the organ escaping.

In the case of the frog's legs, it might be fairly taken that the amount of blood possessed by the animal would be inadequate to furnish the required means of resistance. In the case of the rabbit's ear, the vascularity of it being so much less than that of the walls of the stomach, there was nothing unreasonable in conceiving that whilst the



one received the other might fail to receive protection from the circulating current, on account of the disparity of power that must belong to the two.—*Dublin Med. Press*, Aug. 31, 1864.

**Musket Ball found in the Pericardium.**—Dr. H. G. Croley related to the Surgical Society of Ireland the following example of this:—

J. R., æt. 74, pensioner of 83d Regiment; was in twelve battles; was wounded by a bullet over the left breast at the battle of Salamanca, 22d July, 1812. He enjoyed good health until a couple of years ago, when he got an attack of bronchitis, and has since never been free from it. After being wounded he never could lie on his right side, and felt most comfortable on the wounded side. He was conscious of the bullet being lodged in his chest, and often said he felt it move and drag his heart when he turned on the right side. He also said he wished to be opened whenever he died, in order that the bullet might be got. I was called on to visit him repeatedly during the last year. He suffered from anasarca of feet, legs, and upper extremities, as well as slight ascites. He had no abnormal sound of heart. He had bronchitis and intense difficulty of breathing, latterly amounting to orthopnea. He drank a good deal of spirits. He was admitted under my care into the City of Dublin Hospital on the 26th of this month, and died the following day. On making the post-mortem examination, the bullet was found lodged in his pericardium, *encysted* and beneath the right auricle, between the orifices of superior and inferior vena cava. There was not much fluid in the cavity of pericardium, but some old adhesions existed, indicative of pericarditis, which most probably was produced by the gunshot wound. His heart, as may be observed, was very much hypertrophied and dilated. His liver was smaller than natural, and of a slight nutmeg hue. The kidneys were not either very healthy or diseased, the only evidence of disease being the facility with which the capsule was detached. The man's wife gave me the history of his case so far as I have detailed it.

Fourmier mentions the case of a soldier who received a gunshot wound of the chest, and was taken up for dead on account of the severe bleeding which had occurred. By great care, the flow of blood began to di-

minish on the third day; his strength insensibly increased, suppuration came on, and many splinters of bone exfoliated. After three months the wound was healed, the patient's health restored, without other inconvenience than frequent palpitations of the heart, which harassed him for three years. During the following three years they became less troublesome, and he then died of disease unconnected with his heart. On examination, the cicatrix was found very deep, with loss of substance of the fractured rib. The ball was found lodged in the right ventricle of the heart, near its tip, enfolded in a great measure in the pericardium, and resting on the septum medium.

Plonquet also recites a case where a ball lodged in the anterior ventricle of the human heart, where it is said to have remained for years.

Sir A. Cooper mentions a case in which a man was wounded by another with a reaping-hook deeply through the cartilages of the ribs. The wound was small but deep, and the man had the appearance of one who had sustained a dangerous injury. In two or three days more he began to swell, and could not lie down in bed. He lived a fortnight or three weeks, and after death it was discovered that the hook had penetrated his pericardium, in which there was an effusion of bloody pus.

Hermen relates a case of bayonet wound of pericardium and diaphragm; patient recovered of immediate effects of injury, and died in three months of pneumonia. There were old adhesions.—*Dublin Med. Press*, June 15, 1864.

**Poisoning by Eating Calabar Beans.**—Nearly sixty children were poisoned lately in Liverpool by eating Calabar beans.

A carter had thrown the rubbish which he had been cleaning from the hold of a vessel upon some waste ground, close to a densely-populated low neighbourhood. The rubbish contained a great quantity of the beans, two explanations of which are given; either they had formed part of the cargo of the vessel, and had escaped from the bags containing them, through some imperfection; or they were originally in the ballast, which had been taken from the banks of the Calabar River, from which place the vessel—the *Commodore*, belonging to the West African Trading Company—came. The beans were soon discovered

by the poor half-starved children of the vicinity, and greedily eaten, though not very palatable; the taste being bitter and rough, not unlike that of a horsechestnut. They are enveloped in so hard a rind, that it was only by fixing them on a stone and breaking them with another that the contents could be got at.

It has been difficult to ascertain the exact number of beans eaten by each child. Two, three, and four, seemed to be the most frequent numbers; whilst one child is said to have eaten as many as twelve, and yet recovered. Most likely the sickness, which in her case set in at once, saved her.

The children were nearly all taken to the Southern Hospital, the names of forty-six being on the books. From ten to fifteen were taken to the Southern Dispensary. Their ages varied from two to ten years, the majority being under seven. The symptoms manifested themselves, as nearly as can be ascertained, in from half an hour to an hour and a half after eating the nuts. The state of the little sufferers on their arrival at the hospital, as described by Dr. Cameron, who was there at the time, and Dr. Wollaston and Mr. Evans, the house-surgeons, was as follows: They were very pale and cold, staggered when they attempted to walk, quite prostrated, with extremely feeble pulse, and cold clammy skin, presenting all the appearances of the nervous system having received some great shock, amounting to complete collapse in the worst cases. Vomiting commenced early in most of them, purging occurred only in a few. In about two-thirds of them the pupils were contracted, and there was double vision. A few complained of pain in the stomach and bowels, but not at first.

The treatment consisted in emetics of sulphate of zinc and mustard and the use of the stomach-pump, and afterwards, where the prostration continued, the administration of brandy. The children suffered greatly from thirst, and so drank readily the large quantities of warm water offered to them. In the worst cases there was great drowsiness, whilst others complained of giddiness.

Only one case proved fatal, a little boy of six years; he had eaten six of the beans, and lived only about ten minutes after his admission to the hospital, and about two hours from the time of his taking the nuts. He presented during that time all the symptoms above detailed in an aggravated

form, except the sickness, which even the emetics and stomach-pump failed to produce. At the post-mortem examination of his body the next day all the viscera were found healthy; the stomach and duodenum were filled with a pulpy substance, evidently the beans in a partially digested state; a few red spots dotted the mucous membrane of the stomach here and there, not more than might be caused by the mustard or sulphate of zinc. The stomach and portion of the intestines with their contents were removed by order of the coroner for analytical examination by Dr. Edwards. The brain and spinal marrow, as well as every organ of the body, were examined and found healthy. With the exception of the one case, all the children recovered sufficiently in a few hours to be able to be removed to their own homes.

The next day a woman who had eaten one of the beans came to the hospital with all the symptoms well marked: staggering in her gait, double vision, sickness, feeble pulse, and pale countenance. Twenty-four hours had elapsed from the time of her taking the nut to the appearance of the symptoms.

From some experiments that have been made on animals with what is considered to be the active principle of the Calabar bean, it seems, when administered internally, to paralyze the function of the motor nerves, and when applied to the conjunctiva to cause contraction of the pupils.—*Lancet*, Aug. 20, 1864.

*Congress of Ophthalmologists at Heidelberg.*—The annual meeting of Ophthalmic Surgeons, now held regularly at Heidelberg on the 3d, 4th, and 5th of September, was this year more numerously attended than any preceding one. Among the more distinguished oculists present were R. von Gräfe, Donders, Arit, Ruete, Zehender, Giraud-Teulon, etc., whilst our own country was represented by Critchett and J. Z. Laurence. Several papers of considerable interest were read. Dr. Lebert gave an elaborate description of the vascular system of the eyeball. Professor Coccus gave an exposition of the structure of the vitreous. Several members, amongst others von Gräfe, testified to their having seen distinct independent and primary inflammations and suppurations in the vitreous. Professor Jacobson, of Königsberg, brought before

the Society his further experience of an operation for cataract, of which he had already published an account. He asserted that of 140 eyes which he had operated on he had only lost three—a truly surprising result. He incidentally mentioned that he was in the habit of allowing his patients during the operation to inhale from four to six ounces of chloroform, a statement which elicited much astonishment, which was increased by his stating he on one occasion kept a man aged 83 two hours and a half under the influence of chloroform, during which time the patient inhaled sixteen ounces! Professor Jacobson's paper led to a long discussion on the causes generally of want of success in the operation for cataract. The general feeling of the meeting appeared to be that iridectomy, as an exceptional procedure, was best calculated to prevent many of the dangers of the operation. Professors Arlt and von Gräfe thought iridectomy specially indicated in difficultly dilated pupils, a large lens in comparison with the section and cataracts with soft friable cortices. The only disadvantage von Gräfe has found from the iridectomy is a certain difficulty the patient experiences in precisely localizing himself. Mr. Critchett read a paper on a modification he had found very useful in the conformation of Schuff's Cataract-spoons. Owing to the exhaustive discussion on cataract operations, consequent on Professor Jacobson's paper, Mr. Critchett's was not discussed at the length its interest demanded. Dr. Warlomont narrated a case of that enigmatical disease termed Chromidrosis. He was fully convinced of the reality of the disease in this case, which he had watched most narrowly. However, von Gräfe was not convinced; "it is absolutely impossible," he said, "to detect these 'escamoteurs' (cheats)." In two cases of his own he also thought the disease a real one, but when the colouring matter on the eyelids was examined it turned out in one case to be iron, in the second carbon! Von Gräfe communicated some results he had obtained from chlorine water drops. He had found them especially useful in the contagious forms of ophthalmia and cases of pannus. In a case of opacity of the cornea that had resisted every treatment, including syndectomy, the chlorine water had considerably removed the opacity. Mr. J. Z. Laurence gave an explanation of the principle of his new reflecting ophthal-

moscope. Dr. Giraud-Teulon had brought one of Mr. Laurence's ophthalmoscopes from the atelier of M. Nachet, of Paris, for Professor Knapp, of Heidelberg, who exhibited its results in the human subject to the members of the society. Its simplicity as a means of demonstrating the internal appearances of the eye to students, and the highly stereoscopic character of the image were much spoken of. M. Javal, of Paris, read one of the most interesting papers of the meeting. Its object was to demonstrate a method he had successfully employed to cure strabismus without an operation. This consisted in placing two wafers at variable distances, one on each side of the diaphragm of a stereoscope, and gradually accustoming the patient to exercise his binocular vision by making him unite the two images by exercising his converging powers. A banquet at the Hôtel Schrieder and a visit to Heidelberg Castle, which was brilliantly illuminated in the evening, terminated the interesting and instructive meeting.—*Med. Times and Gaz.*, Sept. 24, 1864.

*Demonopathico-hysterical Epidemic at Morzine, in Savoy.*—Dr. KUNA, physician to the Insane Asylum at Pau, who has been sent on a mission to Morzine, writes to the *Gazette de Lyon*: "I have been two months at Morzine; I have seen all the patients and all the people." \* \* \* "The present epidemic has been produced as follows. During the whole of January, a mission has been preaching at Morzine; a dozen priests were engaged in the business; and the inhabitants passed eight or ten hours a day in church. This mission laid the train, and Monseigneur the Archbishop exploded it. These inopportune ceremonies could but have one result, in causing a renewal of the epidemic, as every person engaged in the cure of nervous diseases must be well aware."—*Brit. Med. Journ.*, Aug. 20, 1864.

*M. Nelaton.*—This eminent surgeon has recently received a very handsome gold medal from the Italians resident in Peru, as a token of their gratitude for his attendance on Garibaldi.

*Infanticide in London.*—Official reports show that, during the year 1861, there were held 1,103 inquests on children who had died violent deaths.

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"PHILADELPHIA, October 1, 1864."

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